

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/831816

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	.. =
Independent	•	Minus	... =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	430
XS 9=	
X40=	
+135=	
TOTAL	430

RATE	FEE
BASIC FEE	
XS18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	.. =
Independent	•	Minus	... =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	.. =
Independent	•	Minus	... =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SERIAL NUMBER : 09/831816

TO: PCT OFFICE OF FINANCE  
CRYSTAL PLAZA 2 - 5TH FLOOR

FROM: PCT INTERNATIONAL DIVISION - DO/EO  
CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS :

FROM		TO	
CODE	FEE	CODE	FEE
<u>154</u>	<u>130</u>	<u>254</u>	<u>65</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER :

<input checked="" type="checkbox"/>	CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND ADDITIONAL FEES
<input type="checkbox"/>	OTHER : _____

THE ORIGINAL METHOD OF PAYMENT WAS :

<input checked="" type="checkbox"/>	BY A CHECK
<input type="checkbox"/>	BY A CHARGE TO DEPOSIT ACCOUNT NO. _____